

MISSOURI-DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH-
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000812

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 5

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

COLE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN JEFFERSON CITY, MO.

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 521 SWIFTS HIGHWAY

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MISSOURI b. COUNTY COLE

c. CITY OR TOWN JEFFERSON CITY, MO.

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 521 SWIFTS HIGHWAY
Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
ANTON BERNARD BRUEMMER

4. DATE OF DEATH Month Day Year
JAN 3, 1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ **Never Married** ☐
Widowed ☒ **Divorced** ☐

8. DATE OF BIRTH

12/6/90

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months 0 Days 27

IF UNDER 24 HR

Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

WARDSVILLE, MO.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

HENRY BRUEMMER

13b. MOTHER'S MAIDEN NAME

MARY ADELIDE SCHULTE

14. NAME OF HUSBAND OR WIFE

HELEN SCHNIEDERS

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

1101

17. INFORMANT

MRS MARIE BRUNS J C MO.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Oct 14, 1961 to 11/4/63 and last saw him alive on 11/4/63
Death occurred at 6:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Francis V. Miller M.D.

22b. ADDRESS

Jeff. City, Mo.

22c. DATE SIGNED

11/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

1/7/63

23c. NAME OF CEMETERY OR CREMATORY

St Stanislaus

23d. LOCATION (City, town, or county)

Wardsville, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Sylvester Gulle

25. DATE RECD. BY LOCAL REG.

J C MO. 7 January 1963

26. REGISTRAR'S SIGNATURE

R.P. Harris - Richter, Dep.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

VS 300
Rev. 4/59

VS 300
Rev. 4/59

VS 300
Rev. 4/59

VS 300
Rev. 4/59

VS 300
Rev. 4/59

VS 300
Rev. 4/59

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student, Embalmer

Signed _____

Licensed Embalmer No. 4321

P. O. Address Jefferson City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.